

STATE OF CALIFORNIA  
PRIMARY CARE PROVIDER PROGRESS NOTE  
CDCR 7230-M (08/09)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Page 1 of 1

DATE: 11/4/10 TIME: 9:45 AM AGE: 41 UHR Present: ☒ Yes ☐ No MAR Present: ☒ Yes ☐ No  
Temp: 97.0 Pulse: 67 BP: 108/69 RR: 16 Ht: Wt: 184# BMI: 99.1#

Chief Complaint:

Allergies: ☐ NKA

Signature/Title:

SUBJECTIVE:

41 year old male for E/H on x-ray of L/S spine  
Telling pain is 8/10. No radiation  
of pain. No problem walking back  
no problem sitting or laying.  
No bowel in urine or frequency.  
Pain -

OBJECTIVE:	WNL*	ABN	*Checking "WNL" documents that all exam elements listed in the Primary Care Provider Clinical Decision Support dated June 11, 2009 are within normal limits.	WNL*	ABN	STUDY RESULTS:
1. General	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
2. HEENT/Neck	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
3. Cardio	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
4. Pulmonary	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
5. Abdomen	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
6. Genito-Urinary	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
7. Musculoskeletal	<input type="checkbox"/>	<input checked="" type="checkbox"/>				Back - pain - told full pain [unclear]
8. Skin/Ext.	<input type="checkbox"/>	<input type="checkbox"/>				
9. Neurological	<input type="checkbox"/>	<input type="checkbox"/>				
10. Psychiatric	<input type="checkbox"/>	<input type="checkbox"/>				
11. Rectal/Prostate	<input type="checkbox"/>	<input type="checkbox"/>				
12. Breast/Pelvic	<input type="checkbox"/>	<input type="checkbox"/>				

ASSESSMENT/PLAN: For all chronic conditions list degree (G, F, P) of control and clinical trend (I, S, W)

Ass - ~~back~~ - pain - chronic  
- report Numbness 500 mg of Gabap.  
- exercise  
- No kidney stone - w/ A. hypoxia

X-ray should show  
narrowing at L4-L5

Chronic Spinal Cx

PATIENT EDUCATION: ☒ Patient able to verbalize understanding of A/P. ☒ Meds ☒ Lab/Study Results ☒ Diet ☒ Exercise ☐ Wt. Mgmt. ☐ Smoking

Self Management Goal(s):

Next Visit: 60 Days

Primary Care Provider (Print Name/Title):

Primary Care Provider Signature:

[Signature]

CDC Number, Name (Last, First, MI), Date of Birth, Institution/Housing

K63350  
NUNEZ, JOEL  
6/28/1969

STATE OF CALIFORNIA  
**PRIMARY CARE PROVIDER PROGRESS NOTE**  
 CDCR 7230-M (08/09)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Page 1 of 1

DATE: 10/14/10 TIME: AGE: 41 UHR Present: ☐ Yes ☐ No MAR Present: ☐ Yes ☐ No  
 Temp: 98° Pulse: 65 BP: 115/69 RR: 16 Ht: Wt: 185# BMI: 29.1 Rx

Chief Complaint: Allergies: ☐ NKA Signature/Title:

SUBJECTIVE: 41 years old for 602 arrest.

CT 12 CCBP for many years.

He can walk around the track.

no limitation in movement.

He was DIC for gabapentin and tramadol.

ASSESSMENT/PLAN: For all chronic conditions list degree (G, F, P) of control and clinical trend (I, S, W)

CDC Number, Name (Last, First, MI), Date of Birth, Institution/Housing

K63350  
 NUNEZ, JOEL  
 06/28/1969  
 C4-223U

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS AND REHABILITATION

## PRIMARY CARE PROVIDER PROGRESS NOTE

CDCR 7230-M (08/09)

Page 1 of 1

DATE: 9/17/10 TIME: AGE: 41 UHR Present: ☒ Yes ☐ No MAR Present: ☒ Yes ☐ No

Temp: 97.4 Pulse: 74 BP: 135/77 RR: 16 Ht: 5'7" Wt: 185.4 BMI: 105.1/lb

Chief Complaint:

Allergies: ☒ NKA

Signature/Title:

SUBJECTIVE:

Plu 7362 LBB - recent Transdermal  
 Sed - on Naproxen but still has pain of art on  
 Hx cocci - feels better has gained back his wt

OBJECTIVE:	WNL*	ABN	*Checking "WNL" documents that all exam elements listed in the Primary Care Provider Clinical Decision Support dated June 11, 2009 are within normal limits.	WNL*	ABN	STUDY RESULTS:
1. General	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Healthy	<input type="checkbox"/>	<input type="checkbox"/>	Com w/m
2. HEENT/Neck	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	wid tan
3. Cardio	<input checked="" type="checkbox"/>	<input type="checkbox"/>	S/S RLL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	A.O.X3
4. Pulmonary	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CTA	<input type="checkbox"/>	<input type="checkbox"/>	
5. Abdomen	<input type="checkbox"/>	<input type="checkbox"/>	SAT	<input type="checkbox"/>	<input type="checkbox"/>	
6. Genito-Urinary	<input type="checkbox"/>	<input type="checkbox"/>	N/A	<input type="checkbox"/>	<input type="checkbox"/>	
7. Musculoskeletal	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
8. Skin/Ext.	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9. Neurological	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
10. Psychiatric	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
11. Rectal/Prostate	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
12. Breast/Pelvic	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

gait steady movements free, & guarding to position  
 changes good energy.

ASSESSMENT/PLAN: For all chronic conditions list degree (G, F, P) of control and clinical trend (I, S, W)

① cocci (F/P) Neg lab - 1am - other  
 & symptoms

② Naproxen Risk -  
 Hx lesions  
 HAZ ABAD

Weg B-C - UBL, CML, lipids  
 Fht results

③ Chel - Ambar mnd OA - Stretch, walk - 7 x heels

PATIENT EDUCATION: ☒ Patient able to verbalize understanding of A/P ☒ Meds ☒ Lab/Study Results ☒ Diet ☒ Exercise ☒ Wt Mgmt. ☒ Smoking

Self Management Goal(s):

health maintenance

Next Visit: Days

Primary Care Provider (Print Name/Title):

Primary Care Provider Signature:

CDC Number, Name (Last, First, MI), Date of Birth, Institution/Housing

K63350  
 NUNEZ, JOEL  
 6/28/1969

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS AND REHABILITATION

## PRIMARY CARE PROVIDER PROGRESS NOTE

CDCR 7230-M (08/09)

Page 1 of 1

DATE: 8/9/10 TIME: AGE: 41 UHR Present: ☐ Yes ☐ No MAR Present: ☐ Yes ☐ No  
 Temp: 97.8 Pulse: 75 BP: 158/64 RR: 16 Ht: Wt: 184 BMI: 100.2/24

Chief Complaint:

Allergies: ☒ NKA

Signature/Title:

SUBJECTIVE: RT KNEE PAIN

- Patient entered the clinic fully ambulatory w/ pain @ knee medial aspect. He stated that the knee was intermittently swollen exam showed no synovial fluid; no evidence of swelling Full ROM. Negative McMurray. There was no crepitance.

BACK PAIN: Pain was alleged to be present in the area immediately above the iliac crests bilaterally. He had full ROM. SLR was negative recumbent and sitting; he had negative simulation tests (ie there were no non-organic signs of pain). Nevertheless, he moved freely and showed great suppleness.

OBJECTIVE:	WNL*	ABN	*Checking "WNL" documents that all exam elements listed in the Primary Care Provider Clinical Decision Support dated June 11, 2009 are within normal limits.	WNL*	ABN	STUDY RESULTS:
1. General	<input type="checkbox"/>	<input type="checkbox"/>				
2. HEENT/Neck	<input type="checkbox"/>	<input type="checkbox"/>				
3. Cardio	<input type="checkbox"/>	<input type="checkbox"/>				
4. Pulmonary	<input type="checkbox"/>	<input type="checkbox"/>				
5. Abdomen	<input type="checkbox"/>	<input type="checkbox"/>				
6. Genito-Urinary	<input type="checkbox"/>	<input type="checkbox"/>				
7. Musculoskeletal	<input type="checkbox"/>	<input type="checkbox"/>				
8. Skin/Ext.	<input type="checkbox"/>	<input type="checkbox"/>				
9. Neurological	<input type="checkbox"/>	<input type="checkbox"/>				
10. Psychiatric	<input type="checkbox"/>	<input type="checkbox"/>				
11. Rectal/Prostate	<input type="checkbox"/>	<input type="checkbox"/>				
12. Breast/Pelvic	<input type="checkbox"/>	<input type="checkbox"/>				

He was neurologically intact. He appeared quite relaxed. Exam of the back showed minimal degenerative changes.

ASSESSMENT/PLAN: For all chronic conditions list degree (G, F, P) of control and clinical trend (I, S, W)

1. BACK PAIN The symptoms were disproportionate to the demonstrated disease.  
 Plan: DISCONTINUE TRAMADOL.

2. RT KNEE PAIN: no evidence of a significant problem.

PATIENT EDUCATION: ☐ Patient able to verbalize understanding of A/P ☐ Meds ☐ Lab/Study Results ☐ Diet ☐ Exercise ☐ Wt. Mgmt. ☐ Smoking

Self Management Goal(s):

Next Visit: 30 Days PRN

Primary Care Provider (Print Name/Title):

JOHN CHOKATOS, M.D.

Primary Care Provider Signature:

John Chokatos, M.D.

MEDICINE

08/09/2010

CDC Number, Name (Last, First, MI), Date of Birth, Institution/Housing

K63350

Nunez, Joel

C4-2230

Confidential Printed 2016.07.19 12:57:55 -07'00'

DOB 6/28/1969

A89

DATE	TIME	
7/23/10		med. note RN Ref. <sup>RD</sup> States pt. is swollen (L) tonsil & has difficulty swallowing, im c/o sore throat x 10d, improving p dysphagia  Oropharynx ? mild erythema (B) palatal arches p tonsillar T Pharyngitis - cephalic throat lozenges prn  - wanted tramadol refills, f/u MDL as scheduled  R. TAHERPOUR, MD JUL 23 2010

0  
06/07/2010 Patient seen for response to # 602 which was filed  
regarding cessation of tramadol. NO narcotics were  
given. The basis for refusal was reiterated: these are  
habit forming drugs not given unless pain is severe, functionally  
significant and ~~very~~ objectively confirmed or correlated  
with physical or observational findings. J. Chokatos

INSTITUTION

HOUSING UNIT

CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH

JOHN CHOKATOS, M.D.

MEDICINE

K-65350

Nunez, Joel

A90

## INTERDISCIPLINARY PROGRESS NOTES

STATE OF CALIFORNIA  
**PRIMARY CARE PROVIDER PROGRESS NOTE**  
 CDCR 7230-M (08/09)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Page 1 of 1

DATE: 6/14/2016 TIME: 11:40 AGE: 40 UHR Present: ☐ Yes ☐ No MAR Present: ☐ Yes ☐ No

Temp: 97.1 Pulse: 78 BP: 112/65 RR: 16 Ht: 5'8" Wt: 182 BMI: 28

Chief Complaint:

Allergies: ANKA

Signature/Title:

SUBJECTIVE:

PTM in for PTU from TTA visit for  
possible valley fever. no headache, no  
dizziness, no coughing, no fever or chills.  
no night sweats. no skin rash.  
no bleeding.  
PMH -

OBJECTIVE:		WNL*	ABN	*Checking "WNL" documents that all exam elements listed in the Primary Care Provider Clinical Decision Support dated June 11, 2009 are within normal limits.		WNL*	ABN	STUDY RESULTS:	
1.	General	<input checked="" type="checkbox"/>	<input type="checkbox"/>		7.	Musculoskeletal	<input checked="" type="checkbox"/>		
2.	HEENT/Neck	<input checked="" type="checkbox"/>	<input type="checkbox"/>		8.	Skin/Ext.	<input checked="" type="checkbox"/>		
3.	Cardio	<input checked="" type="checkbox"/>	<input type="checkbox"/>		9.	Neurological	<input type="checkbox"/>		
4.	Pulmonary	<input checked="" type="checkbox"/>	<input type="checkbox"/>		10.	Psychiatric	<input type="checkbox"/>		
5.	Abdomen	<input checked="" type="checkbox"/>	<input type="checkbox"/>		11.	Rectal/Prostate	<input type="checkbox"/>		
6.	Genito-Urinary	<input checked="" type="checkbox"/>	<input type="checkbox"/>		12.	Breast/Pelvic	<input type="checkbox"/>		

ASSESSMENT/PLAN: For all chronic conditions list degree (G, F, P) of control and clinical trend (I, S, W)

ASS - Back pain  
- Valley fever - awaiting serology results.

Plan - Continue to med  
- Myrasyn 500mg for Bactx Coughing.  
- Hydration

PATIENT EDUCATION: ☐ Patient able to verbalize understanding of A/P ☐ Meds ☐ Lab/Study Results ☐ Diet ☐ Exercise ☐ Wt. Mgmt. ☐ Smoking

Self Management Goal(s):

Next Visit: 60 Days

Primary Care Provider (Print Name/Title):

Primary Care Provider Signature:

J. Fortino PDC

CDC Number, Name (Last, First, MI), Date of Birth, Institution/Housing

K63350  
Nunez, Joel

191

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C4-223

STATE OF CALIFORNIA  
**PRIMARY CARE PROVIDER PROGRESS NOTE**  
 CDCR 7230-M (08/09)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Page 1 of 1

DATE: 6/8/2017 TIME: \_\_\_\_\_ AGE: 40 UHR Present: ☐ Yes ☐ No MAR Present: ☐ Yes ☐ No  
 Temp: 98° Pulse: 74 BP: 104/56 RR: 16 Ht: \_\_\_\_\_ Wt: 184 BMI: 98°/184 OZ SAT

Chief Complaint:

Allergies: ☐ NKA

Signature/Title:

SUBJECTIVE:

COLIC: 2/2009 → 04/2009 on Fentanyl for colic which presented joint pain, diffuse hand, elbows, knees, shoulders, low back especially; MLKs and fever. After PO gained wt, (colic) appetite 1 month ago he developed cold sweats 108-4-5 lb. with rigors. No fever, but chills (he thinks it was the delay in tramadol)

Dx: Doubt recurrence

Plan: Current colic surgery / no change in med.

LOW BACK PAIN: Cervical Plain films showed "anterior DJO"  
 Physical exam: Full ROM, axial loading neg

OBJECTIVE:	WNL*	ABN	*Checking "WNL" documents that all exam elements listed in the Primary Care Provider Clinical Decision Support dated June 11, 2009 are within normal limits.	WNL*	ABN	STUDY RESULTS:
1. General	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. HEENT/Neck	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Cardio	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Pulmonary	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. Abdomen	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6. Genito-Urinary	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7. Musculoskeletal	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. Skin/Ext.	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9. Neurological	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
10. Psychiatric	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11. Rectal/Prostate	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
12. Breast/Pelvic	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

Patricia's test, P/R physiologic, SLR, No excessive or histrionic behavior

ASSESSMENT/PLAN: For all chronic conditions list degree (G, F, P) of control and clinical trend (I, S, W)

Dx: non organic pain & disinclination  
 Plan: continue same med.

Colic surgery ordered

PATIENT EDUCATION: ☐ Patient able to verbalize understanding of A/P ☐ Meds ☐ Lab/Study Results ☐ Diet ☐ Exercise ☐ Wt. Mgmt. ☐ Smoking

Self Management Goal(s):

Next Visit: 60 Days

Primary Care Provider (Print Name/Title):

Primary Care Provider Signature:

JOHN CHOKATOS, M.D.  
 MEDICINE

CDC Number, Name (Last, First, MI), Date of Birth, Institution/Housing

NUMER, JOEL  
 K63350

6/28/1969  
 Confidential Printed 06.07.19 12:57:55 -07'00'

A92

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STATE OF CALIFORNIA

## PRIMARY CARE PROVIDER PROGRESS NOTE

CDCR 7230-M (08/09)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Page 1 of 1

DATE: 2/10/2010 TIME: AGE: 40 UHR Present: ☒ Yes ☐ No MAR Present: ☐ Yes ☐ No  
 Temp: 97.9 Pulse: 62 BP: 130/83 RR: 16 Ht: Wt: 185# BMI: 27.9 0259 120

Chief Complaint: f/u w/ loss of coxi

Allergies: ☐ NKA

Signature/Title:

## SUBJECTIVE:

Pt denies cough / CP / SOB / rash / wt loss.

① chronic low back + shoulder pain. T#3, Tylenol.

NSAIDS cause stomach pain.

OBJECTIVE:		WNL*	ABN	*Checking "WNL" documents that all exam elements listed in the Primary Care Provider Clinical Decision Support dated June 11, 2009 are within normal limits.		WNL*	ABN	STUDY RESULTS:	
1.	General	<input checked="" type="checkbox"/>	<input type="checkbox"/>		7.	Musculoskeletal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2.	HEENT/Neck	<input checked="" type="checkbox"/>	<input type="checkbox"/>		8.	Skin/Ext.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3.	Cardio	<input checked="" type="checkbox"/>	<input type="checkbox"/>		9.	Neurological	<input type="checkbox"/>	<input type="checkbox"/>	
4.	Pulmonary	<input checked="" type="checkbox"/>	<input type="checkbox"/>		10.	Psychiatric	<input type="checkbox"/>	<input type="checkbox"/>	
5.	Abdomen	<input type="checkbox"/>	<input type="checkbox"/>		11.	Rectal/Prostate	<input type="checkbox"/>	<input type="checkbox"/>	
6.	Genito-Urinary	<input type="checkbox"/>	<input type="checkbox"/>		12.	Breast/Pelvic	<input type="checkbox"/>	<input type="checkbox"/>	

ASSESSMENT/PLAN: For all chronic conditions list degree (G, F, P) of control and clinical trend (I, S, W)

① Chronic diffuse arthralgias / OA for overuse -  
 Tramadol PRN  
 100 BID

② w/o coxi PNA - Resolved. NO meds. Cast CF ~~dx~~.  
 Pt reassured / counseled.

③ 40 yo health maint - Pt requests EKG.

PATIENT EDUCATION: ☒ Patient able to verbalize understanding of A/P ☒ Meds ☒ Lab/Study Results ☒ Diet ☒ Exercise ☐ Wt. Mgmt. ☐ Smoking

Self Management Goal(s):

Next Visit: 210 Days

Primary Care Provider (Print Name/Title):

J. Ortiz-Singh, M.D.

Primary Care Provider Signature:

CDC Number, Name (Last, First, MI), Date of Birth, Institution/Housing

Nunez, Joe

K63350

DOB 6/28/1969

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C1 241

CALIFORNIA CORRECTIONAL  
HEALTH CARE SERVICES

Correctional Training Facility

---

Name:	JOEL NUNEZ	Patient ID:	11808353
DOB:	06/28/1969	Secondary ID:	K63350
Exam Name:	XR LUMBAR SPINE-2 VWS   72100	Exam Date:	05/04/2016 08:49 AM
Primary Care Provider:	G. Kalisher, MD - CTF		
Ordering Provider:	G. Kalisher, MD		

---

EXAMINATION: Lumbar spine 2 views.

CLINICAL HISTORY: Pain

COMPARISON: 2/3/2016.

FINDINGS: Mild degenerative changes are present within the lower thoracic spine and at the L3-for L4-5 levels. No acute fracture or subluxation is seen.

## IMPRESSION:

1. Mild degenerative changes of the lower thoracic and lumbar spine.

Report Electronically Signed by: D Goller MD  
Report Electronically Signed on: 05/04/2016 10:54 AM

---

RECEIVED  
MAY 06 2016  
MEDICAL RECORDS  
CTF

P. Lam  
M.D.  
CTF Soledad  
A88219

A95

**CALIFORNIA CORRECTIONAL  
HEALTH CARE SERVICES**

Correctional Training Facility

**Name:** JOEL NUNEZ  
**DOB:** 06/28/1969  
**Exam Name:** XR FINGER LEFT-3 VWS |  
73140  
**Referring Physician:** T. Friederichs, MD

**Patient ID:** 11808353  
**Secondary ID:** K63350  
**Exam Date:** 04/12/2016 12:16 PM

**CLINICAL INDICATION:** R/O OSTEOMYELITIS OF STUMP  
**COMPARISON:** February 3, 2016.  
**TECHNIQUE:** 3 views of the left fourth finger.

**FINDINGS:**

Soft tissue swelling affects the distal aspect of the fourth finger.

No underlying fracture or bony erosion.

No x-ray evidence for osteomyelitis.

**IMPRESSION:**

Soft tissue swelling.

**RECEIVED**

APR 15 2016

**MEDICAL RECORDS**

**Report Electronically Signed by:** R Waters MD  
**Report Electronically Signed on:** 04/12/2016 01:59 PM



A96

01/29/2016 09:58

Natividad Medical Center

Page 2

## RADIOLOGY

Signed XR HAND LEFT 3 VIEWS 01/28/16

Ordering Physician: REGINA T LAICO MD

CC: NO PCP

The CT dose for this exam is: CTDIVOL DLP

Copies to: Computerized Management Services

DATE OF EXAM: 01/28/16

PROCEDURE: XR HAND LEFT 3 VIEWS

CLINICAL DATA: trauma.

COMPARISON: No previous.

TECHNIQUE: 3 View

RECEIVED

FEB 01 2016

MEDICAL RECORDS

## FINDINGS:

Absent fourth distal phalanx with a residual 2 mm osseous density distal to the fourth middle phalanx. Absent soft tissues surrounding the distal fourth middle phalanx with proximal soft tissue swelling. Tiny marginal osteophytes at the bases of the first metacarpal and distal phalanx. Marginal spurring at the distal third middle phalanx. Normal bone mineralization.

## IMPRESSION:

Amputation injury of the fourth distal phalanx.

Electronically signed by: Misa Hosohama, MD 1/29/2016 9:43 AM

T. Friedrichs, MD

FEB 01 2016

Physician

RECEIVED

JAN 29 2016

MEDICAL RECORDS

K63350

Natividad Medical Center Patient Name: JOEL C NUNEZ

Diagnostic Imaging Services Age/Gender: 46

1441 Constitution Blvd.

H.D.MRN:

Salinas CA 93912

Location: EDD

(831) 755-4369

Accession #: 1259532.001

Date of Birth: 06/28/1969

Acct: V715354346

MRN: M000740047

Ref. Loc: CTF

CALIFORNIA CORRECTIONAL  
HEALTH CARE SERVICES

Correctional Training Facility

---

Name:	JOEL NUNEZ	Patient ID:	11808353
DOB:	06/28/1969	Secondary ID:	K63350
Exam Name:	XR KNEE RIGHT-2 VWS   73560-RT	Exam Date:	03/25/2014 12:07 PM
Referring Physician:	P. Lam, MD		

---

EXAMINATION: Right knee 2 views.

CLINICAL HISTORY: Pain.

COMPARISON: None.

FINDINGS: The osseous structures appear intact. No acute fracture or dislocation is seen. The joint spaces are well-preserved. The visualized soft tissues are unremarkable.

IMPRESSION:

1. No acute osseous abnormality identified.

Report Electronically Signed by: D Goller MD  
Report Electronically Signed on: 03/25/2014 03:40 PMReviewed by: *Jf*

MAR 27 2014

T. Friedrichs, M.D.

**RECEIVED**  
MAR 27 2014

By \_\_\_\_\_

**RECEIVED**  
MAR 26 2014  
BY *[Signature]**AB*

01/18/2011 Tue 08:36

Salinas Valley Radiologists, Inc. 831-796-3891

ID: #313261 Page 1 of 1



Salinas Valley Radiologists, Inc.  
559 Abbott Street  
Salinas, California 93901  
SVR Main Line: (831) 775-5200

James A. Kowalski, MD  
Donald A. Catalano, MD  
Giles A. Duesdieker, MD  
Michael E. Basse, MD  
David A. Staunton, MD  
Gary E. Falkoff, MD  
Richard A. Villalobos, MD

B. Misa Hosohama, MD  
F. Scott Pereles, MD  
Temoor Anwar, MD  
Amy Lantis Stemerman, MD  
Richard W. Rupp, MD  
Jennifer C. Lin, MD

PATIENT NAME: **JOEL NUNEZ**

ACCOUNT NO	ACCESSION NO	DATE OF BIRTH	AGE / SEX	DATE OF SERVICE	OUTSIDE NO
M200033698	1000255194	06/28/1969	41 / M	01/13/2011	K63350

AT THE REQUEST OF  
**TIMOTHY FRIEDERICHS, MD**  
**PO BOX 686**  
**SOLEDAD, CA 93960-0000**

LOCATION  
**SALINAS VALLEY RADIOLOGISTS - CTF XR**

GRP XR KNEE (ONE OR TWO VIEWS) RT

**HISTORY:** Chronic pain.

**FINDINGS:** Mineralization is normal. No fracture or other osseous pathology is seen. The soft tissues are maintained.

**CONCLUSION:**  
Negative right knee.

Reviewed by:

JAN 24 2011

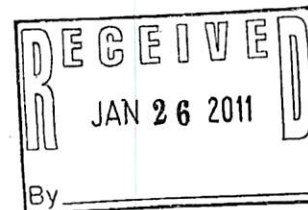
T. Friederichs, M.D.

Thank you for referring your patient to us,

Richard A. Villalobos, MD

01/17/2011 4:52PM VP 01/17/2011 8:09 PM

Electronically signed by Richard A. Villalobos, MD 1/18/2011 08:36:07



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